

# INDIANA ENVIRONMENTAL STEWARDSHIP PROGRAM ANNUAL PERFORMANCE REPORT

State Form 53475 (R3 / 1-11)
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
ENVIRONMENTAL STEWARDSHIP PROGRAM

# Indiana Department of Environmental Management Office of Pollution Prevention and Technical Assistance

MC 64-00, Room IGCS W041 100 North Senate Avenue Indianapolis, IN 46204-2251 Telephone: (800) 988-7901 FAX: (317) 233-5627 E-mail: esp@idem.IN.gov

Please use this form if you are a member of the Indiana Environmental Stewardship Program (ESP) to report on progress toward objectives and targets AND certify ESP requirements continue to be achieved. Indiana ESP facilities must submit an Annual Performance Report (APR) by April 1st of every year, for each calendar year in which the entity has been a member for at least three (3) full months. Section C of your APR should be signed by your ISO 14001:2004 EMS Lead Auditor. Your APR should be reviewed and signed by a senior manager at your facility prior to submittal. Once signed, e-mail the APR to IDEM at <a href="mailto:esp@idem.IN.gov">esp@idem.IN.gov</a>. Please do not include any confidential business information in your annual performance report. Public access laws require IDEM to make the APR publicly available, which may include posting all portions of your report on the Indiana ESP Web site. If you have any questions, please contact IDEM at <a href="mailto:esp@idem.IN.gov">esp@idem.IN.gov</a> or (800) 988-7901.

SECTION A FACILITY INFORMATION
Name of facility
Nucor Building Systems Indiana
Name of parent company ( <i>If applicable</i> ) Nucor Corporation
Street address (number and street) 305 Industrial Parkway
City / State / ZIP code
Waterloo, Indiana 46793
Web site of Facility/Company nucorbuildingsystems.com/nucor.com
CONTACT INFORMATION
Name of Contact (Mr. / Mrs. / Ms. / Dr.)
Greg White
Title
Plant Support Coordinator
Telephone number 260-837-9221
FAX number
260-837-7384
E-mail address
white@nbsin.com  Mailing address (if different from facility address)
same
City / State / ZIP Code
REPORTING PERIOD
Reporting period dates (month, day, year)  January 1, 2011 through December 31, 2011
1a. Is this the third Annual Performance Report of your membership term?
☐ Yes—If yes, answer question 1b. ☑ No—If no, skip to the "Change in Information" section of this report.
Exi No—11 110, Skip to the Change in information section of this report.
1b. Do you wish to renew your Indiana Environmental Stewardship Program membership?
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### Do you wish to renew your Indiana Environmental Stewardship Program membership?    Yes—If yes, please complete all sections of this annual report.   No—If no, please complete all sections of this annual report except for Section F.    CHANGE IN INFORMATION
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## SECTION C

### ENVIRONMENTAL MANAGEMENT SYSTEM ASSESSMENT

Why do we need this information?
Facilities need to have implemented an EMS that meets certain criteria and use an ISO 14001:2004 EMS Lead Auditor at least

What do you need to do?
Answer the following questions about your EMS.

eve	ena and use an ISO 149 ery 36 months to assess	001:2004 EMS Lead Auditor at least about your EMS site EMS.					
1.		ent date that an ISO 14001:2004 EMS Lead Auditor performed an EMS assessment at your facility? February 7-10, 2012					
2.	is the date of the mos	st recent EMS assessment performed by an ISO 14001:2004 EMS Lead Auditor within the past 36 months?					
	Yes—If yes, skip to Question 3.						
	No—If no, p meets	please have your ISO 14001: 2004 EMS Lead Auditor complete and sign the following checklist, indicating whether or not your EMS the listed criteria for ESP membership:					
	Yes No	Evidence of senior management support, commitment, and approval.					
	Yes No	A written environmental policy directed toward compliance, pollution prevention, and continuous improvement.					
	Yes No	Identification of the environmental aspects at the entity.					
	Yes No	Prioritization of the environmental aspects and a determination of those aspects deemed significant considering, at the minimum, environmental impacts and applicable laws and regulations.					
	Yes No	Established priorities, and environmental objectives and targets for continuous improvement in environmental performance and for ensuring compliance with applicable environmental laws, regulations, and permit conditions. Objectives and targets must go beyond current legal requirements and specify the environmental media, types of pollution to be prevented or reduced, implementation activities, and projected time frames.					
	Yes No	An established community outreach mechanism that includes identifying and responding to community concerns; informing the community of important matters that affect the community; and reporting on the EMS, including reporting to the public on the environmental policy and significant aspects.					
	Yes No	Incorporation of environmental and pollution prevention planning in the development of new products, processes, and services and modifications of existing processes.					
	Yes No	Evidence of clear responsibility for implementation, training, monitoring, EMS maintenance, taking corrective action, and ensuring compliance with applicable environmental laws, regulations, and permit conditions.					
	Yes No	Documentation of the implementation procedures and the results of implementation.					
	Yes No	Appropriate written EMS procedures.					
	Yes No	An annual evaluation of the EMS with written results provided to senior management and affected employees.					
	5:						
	Signature of ISO 140	001:2004 EMS Lead Auditor Date (month, day, year)					
3.	Were any deficiencies						
	,	s found during the most recent EMS assessment?					
		s found during the most recent EMS assessment? kip to Question 4.					
	No—If no, s						
	No—If no, s	kip to Question 4.					
	No—If no, s	kip to Question 4.					
4.	⊠ No—If no, s ☐ Yes—If yes,	kip to Question 4.  describe any deficiencies found and the corrective action taken to address each deficiency:					
<b>4</b> .	No—If no, s Yes—If yes,  Name, title, and organ What type of protocol	kip to Question 4.  describe any deficiencies found and the corrective action taken to address each deficiency:  nization of ISO 14001:2004 EMS Lead Auditor that conducted the most recent EMS assessment: Shayla Barrett Lead Auditor Eagle was used to perform the independent EMS assessment?					
~~~~	No—If no, s Yes—If yes,  Name, title, and organ What type of protocol ISO 14001:2	kip to Question 4.  describe any deficiencies found and the corrective action taken to address each deficiency:  nization of ISO 14001:2004 EMS Lead Auditor that conducted the most recent EMS assessment: Shayla Barrett Lead Auditor Eagle was used to perform the independent EMS assessment?  2004 Certified audit					
~~~~	No—If no, s  Yes—If yes,  Name, title, and organ  What type of protocol  ISO 14001:2  Responsible	kip to Question 4.  describe any deficiencies found and the corrective action taken to address each deficiency:  nization of ISO 14001:2004 EMS Lead Auditor that conducted the most recent EMS assessment: Shayla Barrett Lead Auditor Eagle was used to perform the independent EMS assessment?  2004 Certified audit  Care EMS audit					
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~~~~	No—If no, s Yes—If yes,  Name, title, and orgar What type of protocol Stop 14001:2 Responsible Responsible SSP Indepe Other (pleas	kip to Question 4.  describe any deficiencies found and the corrective action taken to address each deficiency:  nization of ISO 14001:2004 EMS Lead Auditor that conducted the most recent EMS assessment: Shayla Barrett Lead Auditor Eagle was used to perform the independent EMS assessment? 2004 Certified audit Care EMS audit Care 14001 audit indent Assessment Protocol se specify): a recognized standard?					
5.	No—If no, s Yes—If yes,  Name, title, and orgar What type of protocol Stop 14001:2 Responsible Responsible SSP Indepe Other (pleas	kip to Question 4.  describe any deficiencies found and the corrective action taken to address each deficiency:  nization of ISO 14001:2004 EMS Lead Auditor that conducted the most recent EMS assessment: Shayla Barrett Lead Auditor Eagle was used to perform the independent EMS assessment?  2004 Certified audit 2 Care EMS audit 3 Care 14001 audit 3 Indent Assessment Protocol 4 Respectify):  a recognized standard?  what standard does the EMS follow (please provide a copy of the most recent certificate)?					
5.	No—If no, s Yes—If yes,  Name, title, and orgar What type of protocol Stop 14001:2 Responsible Responsible SSP Indepe Other (pleas	kip to Question 4.  describe any deficiencies found and the corrective action taken to address each deficiency:  nization of ISO 14001:2004 EMS Lead Auditor that conducted the most recent EMS assessment: Shayla Barrett Lead Auditor Eagle was used to perform the independent EMS assessment?  2004 Certified audit  2 Care EMS audit  3 Care 14001 audit  4 Indent Assessment Protocol  5 Specify):  5 a recognized standard?  6 what standard does the EMS follow (please provide a copy of the most recent certificate)?  6 ISO 14001:2004					
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5.	No—If no, s  Yes—If yes,  Name, title, and organ  What type of protocol  ISO 14001:2  Responsible  Responsible  ESP Indepe  Other (pleas)  Is the EMS certified to  Yes—If yes,	kip to Question 4.  describe any deficiencies found and the corrective action taken to address each deficiency:  nization of ISO 14001:2004 EMS Lead Auditor that conducted the most recent EMS assessment: Shayla Barrett Lead Auditor Eagle was used to perform the independent EMS assessment?  2004 Certified audit  2 Care EMS audit  3 Care 14001 audit  4 Indent Assessment Protocol  5 Sepecify):  5 a recognized standard?  6 what standard does the EMS follow (please provide a copy of the most recent certificate)?  7 ISO 14001:2004  7 Responsible Care EMS					
6.	No—If no, s  Yes—If yes,  Name, title, and organ  What type of protocol  ISO 14001:2  Responsible  Responsible  SSP Indepe  Other (pleas)  Is the EMS certified to  Yes—If yes,  No.  When was the last Se  Month / Year: 2	kip to Question 4.  describe any deficiencies found and the corrective action taken to address each deficiency:  hization of ISO 14001:2004 EMS Lead Auditor that conducted the most recent EMS assessment: Shayla Barrett Lead Auditor Eagle was used to perform the independent EMS assessment?  2004 Certified audit care EMS audit care EMS audit care 14001 audit indent Assessment Protocol is specify): a recognized standard? what standard does the EMS follow (please provide a copy of the most recent certificate)?  ISO 14001:2004 Responsible Care EMS Responsible Care 14001  nior Management review of your EMS completed?					

8.	When did your facility last conduct an internal or corporate environmental compliance audit? Do not include inspections or site visits by regulatory organizations.						
	Scope of the compliance audit: All						
	Month(s) / Year(s): Decen	nber, 2011					
	Who conducted the audit(s	) (e.g., facility staff, cor	porate, third party)	Facility Staff			
9.	Explain the emergencies experie effective? What changes, if any					plans detailed in the EMS	
None							
10.	Has your facility corrected all instances of potential environmental non-compliance and EMS non-conformance identified during your audits and other assessments?						
	Yes—If yes, briefly summarize corrective actions to improvements made as a result of your EMS assessing compliance audit(s).			☐ No—If no, ple	No—If no, please explain your   No such instances identified.		
			plans to co		ins to correct these instances.		
	corrected some container labeli	ng issues	corrected some proper storage issues with flan		nables		
	***************************************	***************************************	····				
11.	(Optional) Please provide a narrative summary of progress made toward EMS objectives and targets other than those reported as an Environmental Performance Initiative in Section E. You may limit the summary to environmental aspects that are significant and towards which progress has been made during the last calendar year. Attach additional sheets as necessary.						
Env	ronmental aspect		Progress made this year (e.g., quantitative or qualitative improvements, activities conducted)				
	<del></del>	··					
						······································	
SEC	TION D		ADDITIONAL IN	FORMATION			
	do we need this information?					What do you need to do?	
	information will help IDEM to efferonmental Stewardship Program.	ctively manage the			Answer the questions	as completely as possible.	
1.	In addition to ESP, please list en	vironmental awards re	ceived or voluntary	nrograms narticinate	d in during the past twelve mont	hs	
,,	Nucor Corporation's "Preside		•		a ar daming and poor Grove more		
2.	Has your facility taken advantage	and the second s			ation process and list additional	henefits IDEM should	
46.F %	consider.	or arry mor mornivo	o. 11 oo, ploado do	odiloo dio mpiomone	and product and not additional	out of the state o	
3.	If your facility was not registered		dard prior to becom	ning an ESP member	, has ESP helped you to pursue	registration? If so, how	
	has ESP been instrumental in ac	hieving registration?					
		- Anna Caraca - Anna Carac				and the second s	
	TION E	ENVIRON	MENTAL IMPROVI	EMENT INITIATIVE I		and the control of th	
Wh	/ do we need this information? lities need to share the results of	the environmental imp	ravamant	Ġ	remariza vaur facility's progres	What do you need to do?	
initi	itive that was pursued during the	reporting period.	overnerit		iummarize your facility's progres you identified in the ap	olication or last year's APR.	
	egory: Air Emissions						
	cator: VOC's	Baseline Quar	ntity Fut	ure Goal Quantity	Current Quantity	Cost Savings	
	endar year	2010	2011	.,,	2012	\$36,000	
Acti	ial quantity (per year)						
Nor	malized quantity (per year)	4.34 pounds per t	on 4.0 po	unds per ton	4.01		
	s for your normalizing factor , gallons of paint produced)	tons of product pro	oduced				
Mea	surement unit (e.g., pounds)	pounds					
	<del></del>	<u> </u>					

Employee training to reduce waste. We continue to search for a water base paint that will work for our structural parts application.

Please list any state, U.S. EPA, or other partnership programs to which you are reporting this data (e.g., Energy Star, Project XL).

(Optional) If your facility has experienced continued results for environmental improvement initiatives pursued in past years of ESP membership, please share those results here.

#### SECTION F

#### **ENVIRONMENTAL IMPROVEMENT INITIATIVE**

Why do we need this information? Facilities need to show they are committed to improving their environmental performance.

What do you need to do? Refer to the Environmental Performance Table and answer the following questions.

Select the appropriate boxes in the following table to indicate the category and indicator(s) that represents the environmental improvement initiative selected by your facility. For the category and indicator selected, list the baseline year (e.g., 2009) and the future year (e.g., 2010). Next, list the baseline annual quantity (e.g., 5 tons) and future annual quantity (e.g., 2 tons) you are committing to achieve by the end of the future year.

	Indicator	Baseline Year 20 11	Future Year 20 12	Unit
Material Procurement	Recycled content			Pounds, tons
	☐ Hazardous/toxic components			Pounds, tons
Suppliers' Environmental Performance	Specify indicator:			As specified for the particular indicator
	☐ Materials used			Pounds, tons
	☐ Hazardous materials used			Pounds, tons
Material Use	Ozone depleting substances used			CFC-11 equivalent pounds
	☐ Total packaging materials used			Pounds, tons
☐ Water Use	☐ Total water used			Gallons
	☐ Electricity			kWh / MWh, Btu / MMBt
	☐ Steam	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		kWh / MWh, gallons, ft <sup>3</sup>
	☐ Natural gas			Btu / MMBtu
	☐ Diesel			Gallons
	☐ Propane / LPG			Btu / MMBtu, gallons
☐ Energy Use	Gasoline			Gallons
	Solar		,	kWh / MWh
	☐ Wind			kWh / MWh
	Landfill gas			Btu / MMBtu
	☐ Combined heat and power			kWh / MWh, Btu / MMBti
	Other:			itter i mitter
	☐ Land and habitat conservation			Square feet, acres
☐ Land and Habitat	Community land revitalization			Square feet, acres
	☐ Total GHGs			MTCO2E
	X VOCs	4.10 pounds per ton	3.75pounds per ton	Pounds, tons
	NOx, SOx, PM <sub>2.5</sub> , PM <sub>10</sub> , or CO	4. to pounds per torr	3.75pourius per tori	Pounds, tons
N Air Emissions	☐ Air toxics			Pounds, tons
☑ Air Emissions	Odor			European Odour Units
	Radiation			Curies, Becquerels
	Dust			····
	COD or BOD			Pounds, tons
	_ <del></del>			Pounds, tons
	Toxics			Pounds, tons
☐ Discharges to Water	☐ Total suspended solids	AND THE RESERVE OF THE PERSON		Pounds, tons
	Nutrients			Pounds, tons of N or P
	Sediment from runoff			Pounds, tons
	☐ Pathogens			MPN/ml, CFU/ml
	Landfill			Pounds, tons
☐ Non-hazardous Waste	☐ Incineration			Pounds, tons
☐ Hazardous Waste	Reused/recycled off-site			Pounds, tons, gallons
	Other:			Pounds, tons, gallons
☐ Noise	☐ Noise			dBA
☐ Vibration	☐ Vibration			Inches per second
] Products	Expected lifetime energy use		'	kWh / MWh, Btu / MMBti
	☐ Expected lifetime water use			Gallons
	Expected lifetime waste to air, water, or land from product use			Pounds, tons
,	☐ Waste to air, water, or land from	,		Pounds, tons

No—If no, please explain why you believe this indicator should be included as an environmental improvement initiative:

CERTIFICATION AND PLEDGE					
On behalf of (name of facility) Nucor Building Systems I	ndiana				
I certify that the information contained in this Annual Performance Report and attachments is accurate to the best of my knowledge and that this facility is, to the best of my knowledge and based on reasonable inquiry, currently in compliance with all applicable federal, state, and local environmental requirements, or has a corrective action program in place to attain compliance.					
We, Nucor Building Systems Indiana , commit to maintaining the principles and goals outlined in our Environmental Management System for our facility's Indiana Environmental Stewardship Program status. We agree to strive for full compliance with all regulations promulgated by the U.S. EPA, state, or local jurisdictions. We agree to promote the Indiana Environmental Stewardship Program and to share our success stories with other facilities. We understand that the Annual Performance Report must be submitted to IDEM by April 1st of each year and that we must reapply to the Indiana Environmental Stewardship Program every three years.					
I understand that the information provided in this Annual Performance Report will be public record. I am the senior facility manager or authorized facility signatory, and fully authorized to execute this statement on behalf of the corporation or other legal entity whose facility is submitting this Annual Performance Report.					
- Johana hiem	Title General Manager	Date (month, day, year)			
Printed signature Johanna Threin					
-					